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INSTRUCTIONS: This appropriate. All further conditional conditions are partification for partifications.	n should be used in despondence including the power of directed and	fransmitting the ISS the Patent, advance of crwise in Block 1, by (UE FEE and PUBLIC orders and notification a) specifying a new c	CATION FEE (if requ of maintenance fees v correspondence address	will be mailed to the currer; and/or (b) indicating a se	should be completed where it correspondence address as parate "FEE ADDRESS" for	
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				Jill Lane Caldwell (Depositor's narte)			
				Vice h	are Caldwe	ll (Signature)	
				April	10, 2007	(L'ate)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/626,315	07/24/2003		Kenneth Il Eckel	s	ARMY156A	1691	
TITLE OF INVENTION: MULTIVALENT DENGUE VIRUS VACCINE						· .	
				04/10/8	2007 TBESHAH2 0000008	8 210380 10626315	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE PREV. PÂID ISSI	EEE TOTAMBERS DIS	E DATE DUE	
nonprovisional	NO	\$1400	\$0	82 _{s0} C. (3001 - 30 00 DF	04/10/2007	
EXAMIN	rer I	ART UNIT	CLASS-SUBCLASS			-	
PARKIN, JEFFREY S 1648			424-202100				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list							
CFR 1.363). (1) the names of up to 3 registered patent attorneys 1 <u>Elizabeth Arwine</u>							
Change of correspon Address form PTO/SB/I	idence address (or Chai 122) attached.	nge of Correspondence	or agents OR, alternatively, (2) the name of a single firm (having as a member a 2				
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address' or more recent) attach	Indication form ed. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
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_ (A) NAME OF ASSIGNEE. (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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by the Secretary of the Army Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
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XX Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # c	of Copies <u>10</u>		X L The Director is he overpayment, to I	ereby authorized to char Deposit Account Numb	rge the required fee(s), any der 21-0380 (enclose	leficiency, or credit any an extra copy of this form).	
5. Change in Entity Statu		l above)			LL ENTITY status. See 37 (
NOTE: The Issue Fee and I	Publication Fee (if requested State	nired) will not be acceptates Patent and Trademar	ed from anyone other the	han the applicant; a regi	istered attorney or agent; or	the assignee or other party in	
Authorized Signature Elizabeth Arwine Date 10 April 2007 Typed or printed name ELIZABETH ARWINE Registration No. 45,867							
Typed or printed name	ELIZABET	H ARWINE	<u>.</u>	Registration N	No. 45,867	<u> </u>	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Intornation Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							